

DO NOT ISSUE

## PLACE OF BIRTH

1. County of

Gila See El Paso County

District of

Town of

Miami 2-9-84  
NMM

or

City of

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Lucia Velasquez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

Female

4. Twin, triplet or other

5. Legitimate?

5. No., in order of birth

7

yes

7. Date

of birth May 23, 1925

Month Day Year

8.

## FATHER

Full name

Eulalio Velasquez

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Ariz.

10. Color or race

Mex.

11. Age at last birthday 37 (Years)

12. Birthplace (city or place)

Jalisco,

(State or country)

Mex.

13. Occupation

Nature of industry

Biller

14.

## MOTHER

Full maiden name

Natalia Gonzalez

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Ariz.

16. Color or race

Mex.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

Jalisco,

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

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(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at

8 P.

m. on the date above stated

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Byril M. Brown M.D.

Address

Miami, Ariz.

(Physician or midwife).

Given name added from

a supplemental report.

Month, day, year

Filed June 10, 1925

L. E. Smith

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

359-523-579

WRITE PLAIN. / WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in  
order of birth stated.